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			_				(Signature	
							(Date	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/724,709 TITLE OF INVENTION	12/02/2003 : AUTOMATIC TUBE	TYPE SPECIMEN CO	Teruaki Itoh ONTAINER SUPPLY APPA	RATUS	10	50-400 (AMK)	2216	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0		\$1055	02/17/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	1				
WRIGHT, PATR	ICIA KATHRYN	1797	422-063000	,				
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A	ondence address (or Cha 3/122) attached. ication (or "Fee Address) 20 or more recent) attach ND RESIDENCE DAT: less an assignee is ident hin 37 CFR 3.11. Com 3NEE	nge of Correspondence " Indication form ned. Use of a Customer A TO BE PRINTED ON iffed below, no assigne pletion of this form is N	c) the name of a sing registered patient atc listed, no name will be N THE PATENT (print or ty- ge data will appear on the p OT a substitute for filing an (B) RESIDENCE: (CTT)	o 3 registered paten vely, le firm (having as a agent) and the nam meeys or agents. If printed. pe) satent. If an assign assignment. 7 and STATE OR C	members of upon name	era 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Ocument has been filed for the polynomena ocument of the polynomena ocument oc	
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